

Mr and Mrs T A Mills

# Apple Orchard

## Inspection report

Apple Orchard  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 4 August 2016 and was unannounced. The home was last inspected on 15 and 16 July 2015 where we found breaches of regulations in relation to staff recruitment and deprivation of liberty safeguards.

Apple Orchard is a care home providing support and accommodation for up to 10 adults with learning disabilities. At the time of the inspection there were 10 people using the service.

Apple Orchard did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had not been notified of the outcome of an application to deprive a person of their liberty. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us.

Audits were completed to check the quality and safety of the service provided, however the medicines audit was not robust enough to identify medicines recording issues.

Risks to people's safety were identified, assessed and appropriate action taken. We found improvements to how people's medicines were managed. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care and took part in a range of activities.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The acting manager was accessible to people using the service and staff.

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded from the risk of abuse and from risks in the care home environment.

People were supported by sufficient staff recruited using robust procedures.

There were safe systems in place for managing people's medicines.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were able to plan menus and meals and were supported to eat a varied diet.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported through access and liaison with healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with staff and management.

People were able to express their views about the support they received.

People's privacy and dignity was promoted and respected by staff.

People's choice to be as independent as possible was

understood and actively supported by the service.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care and were supported to take part in a choice of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

### Is the service well-led?

Requires Improvement ●

The service was not as well led as it could be.

Apple Orchard had not had a registered manager in post since November 2014.

The acting manager was accessible and open to communication with people using the service and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of support and accommodation provided.

A number of audits were completed although the medicines audit was not robust enough to identify issues.

# Apple Orchard

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 August 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with two people using the service, the manager, two members of staff and one of the registered providers. In addition we reviewed records for three people using the service, toured the premises and checked records relating to the management of the service. We also received information from the local authority quality team.

Before the previous inspection in July 2015, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

Our inspection of July 2015 found appropriate arrangements were not in place to protect people against the unsafe use and management of medicines. We found shortfalls with storage, recording and the management of people's medicines which can be given without a prescription, referred to as domestic medicines. The provider wrote to us in September 2015 about the improvements they were making to the management of people's medicines. They told us the improvements would be completed by 11 September 2015.

At this inspection we found improvements to how people's medicines were managed. Temperature records showed medicines had been stored at the correct temperature. Hand written directions for giving people their medicines had been checked and signed by two members of staff. Agreements by people's GPs for them to take certain domestic medicines such as pain killers had been recorded. However we did find some gaps in the recording of when people had taken their medicines. These were largely confined to one page of a recent medicines administration record (MAR). We discussed this with the acting manager who was confident people had received their medicines and this was a recording shortfall. We noted the corresponding medicines audit had failed to identify the gaps on the MAR. We raised the issue with the acting manager who agreed to look into this.

Our inspection of July 2015 found the registered person was not operating effective staff recruitment procedures. Required checks had not been made before members of staff started employment at Apple Orchard. The provider wrote to us in September 2015 about the improvements they were making to staff recruitment procedures. They told us the improvements would be completed by 3 September 2015. At this inspection we found improvements to how staff were recruited with checks made on relevant employment history and on applicant's health to ensure they were suitable for their role.

People were supported by sufficient staffing levels. One person told us staffing levels were "ok". The manager explained how the staffing was arranged to meet the needs of people using the service with staff numbers increased to support people outside of the home when required. Staff at Apple Orchard were supported by management using an 'on-call' system. During our visit we observed there were enough staff to meet people's needs. Staff told us they felt staffing levels were safe.

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service including contacting the local authority. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference. People told us they felt safe living at Apple Orchard. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

Risk assessments were in place for the risks to people associated with fire, electrical appliances and systems and Legionella. Personal fire evacuation plans were in place for people using the service should they need to

leave the building in an emergency. During our previous inspection work was taking place on the roof of the care home, this had now been completed. The latest inspection of food hygiene by the local authority in August 2015 had resulted in three stars out of a possible total of five being awarded. The acting manager described how the home was following the 'Safer food better business' food hygiene guidelines. A business continuity plan was in place to guide management in the event of an emergency that interrupted the delivery of the service to people. People had individual risk assessments in place. For example there were risk assessments for nutrition, gardening, falling out of a chair and riding a trike in the grounds of Apple Orchard. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. The approach promoted people's freedom and supported their independence.

# Is the service effective?

## Our findings

Our inspection of July 2015 found people were at risk of their rights not being protected. At the time of our inspection visit there had been no assessments of people relating to restrictions on their liberty. The provider wrote to us in September 2015 about the action they were going to take regarding a person who may have been deprived of their liberty.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Assessments had been made of people's capacity to consent to receive care and support such as personal care and support with taking medicines. An application for authorisation to deprive a person of their liberty had been made in August 2015 although this was later withdrawn following assessment by the authority funding the person's care.

People using the service were supported by staff who had received training for their role. Staff had received training in areas such as food hygiene, fire safety and first aid. Training in health and safety, infection control and manual handling was due for renewal and had been booked for the week following our inspection visit. Where relevant, staff had completed the care certificate qualification for staff new to the work of caring for and supporting people. Staff told us they felt the training provided by the service was enough for their role. Information given to us following the inspection visit confirmed the training staff had received. Staff had regular individual meetings called supervision sessions with the manager as well as annual performance appraisals. Supervision sessions were used to discuss the support given to people and the performance of staff. The member of staff commented "I get all the support I want".

People's food preferences and where they liked to take their meals were recorded for staff reference. One person described the meals provided as "nice" and told us they could ask for an alternative if they didn't like the meal on the menu for the day. Another person followed a vegetarian diet and confirmed they received suitable meals; this was supported by diary records of meals provided.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. Records had been kept of people's attendance at healthcare appointments. People told us they had visited their doctor and the dentist. People also attended hospital outpatient and opticians appointments. People did not have health action plans or hospital assessments in place. The manager told us this had been raised as an issue by the local authority and there were plans for this to be remedied. Appropriate documents had been obtained to complete this work. People's support plans detailed how



staff were to support them to maintain contact with health care services, for example "I need staff to make all of my medical appointments and support me on appointments". Records showed people had received annual 'flu' vaccinations. People also attended hospital outpatient and optician appointments and were visited at Apple Orchard by a chiropodist.

## Is the service caring?

### Our findings

Our observations and conversations with people showed positive caring relationships had been developed with staff, the manager and the provider. People told us they were treated with respect and kindness. We heard staff speaking respectfully to people and taking time to listen to them offering reassurance where necessary. One person described staff as "nice" and confirmed staff were polite to them. Another person told us "They treat me alright". We saw staff spending time talking with people and discussing arrangements for planned activities. Staff were positive about their role supporting people living at Apple Orchard.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of house meetings demonstrated how people using the service were able to express their views. Minutes of meetings showed they were well attended. People gave their views on activities they had taken part in, ideas for future activities and holidays and the refurbishment of the care home. People were involved in reviews of the support they received through reviews of care plans alongside a member of staff allocated to work with that person. People had used the services of lay advocates, one person was currently using an advocate although another was no longer using the service.

People's privacy and dignity was respected and promoted. People we spoke with confirmed they could have their own privacy and staff knocked on their door before entering their rooms. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. One staff member told us how they would knock on a person's door and wait until they answered before entering. People's support plans reflected the approach to preserving their privacy and dignity. The Provider information return (PIR) stated "We encourage and train staff to be always communicating with the service users in meaningful ways when carrying out personal care and to avoid being just routine and task-centred".

People were supported to maintain independence. During our visit we saw two people going into the local village to visit the library and associated café. People told us how they were independent with such tasks as cleaning their rooms, doing their laundry and preparing some meals. Staff told us how they would promote people's independence by encouraging them to do their own laundry and to make their own drinks. Support plans reflected the approach to promoting people's independence. For example instructions for staff in one person's support plan stated "I can shower myself but need light supervision to wash my hair". Another person's support plan stated "(the person) can make a hot drink unsupervised but likes staff to carry it through to the lounge for her". People were also involved in the process of selecting new staff.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs particularly in how people were supported to achieve levels of independence. People had detailed plans to guide staff in providing individualised support. In addition people set goals for achievements they planned to make over a twelve month period. These were crossed off a list as the goals were met. One person's goals included a summer holiday, going to a football match and going to the cinema. People's lifestyle choices were recorded such as having contact with friends and going to church. The acting manager described how staff responded to one person's wishes to eat their meals at exact times of the day.

People were supported to take part in activities and interests both in the home and in the wider community. One person's weekly activity programme included recycling which they were preparing to do on the day of our inspection visit. They also regularly attended a social club and took part in college courses such as digital photography. Other people took part in cooking and shopping. One person attended an arts and crafts session every Friday although this had stopped for the holidays. People had been supported to book and take holidays in Great Britain and abroad.

People were also supported to maintain contact with family in response to their wishes. Contact with people's families had been achieved through telephone or electronic means as well as visits to Apple Orchard. People visited their families which for some involved overnight stays. Where people had little or no contact with family members, this had been identified and measures put in place to provide appropriate support. The PIR stated "we understand that it is important to a lot of people that they have relationships which exist outside of their living environment. It is for this reason we are aiming to contact a company which specialises in offering one to one visits for service users who may feel lonely due to the lack of relationships outside of the care professionals supporting them."

There were arrangements to listen to and respond to any concerns or complaints. No complaints had been received in the twelve months before our inspection visit. Previous complaints were recorded, investigated and responses provided to complainants. The provider information return (PIR) stated, "We have a clear complaints procedure, which service users and their relatives know how to use if they wish to make a complaint about our service". Resident's meetings additionally offered people an opportunity to raise any concerns. People told us they would approach staff or the acting manager if they had any complaints or concerns. One person acknowledged how straightforward it was to raise a concern or complaint, stating "You can go to any member of staff".

## Is the service well-led?

### Our findings

Our inspection of July 2015 found important events affecting people using the service had not been notified to us. CQC monitors events affecting the welfare, health and safety of people living in the home through notifications that providers are required to send to us. The provider wrote to us in September 2015 about the actions they were going to take to ensure we received the correct notifications. This included notification about outcome decisions made related to any applications to deprive someone of their liberty. An application for authorisation to deprive a person of their liberty had been made in August 2015 although this was later withdrawn following assessment by the authority funding the person's care. At this inspection we found we had not been notified of the outcome of this application.

This was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of our inspection the service did not have a registered manager. The previous registered manager left in November 2014. An acting manager was in post although at the time of our inspection the registered provider had recruited a manager to take up post on 15 August 2016 with the intention of applying for registration. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. Ratings from our previous inspection were displayed in a prominent position.

Our inspection of July 2015 found feedback was not always sought or acted upon about the service from people or their representatives to identify areas for improvement. The provider wrote to us in September 2015 about the improvements they were making to seeking and acting on feedback from relevant persons. Feedback questionnaires had been sent out and received back from people using the service and their relatives. The acting manager felt health and social care professionals were not consistent enough with their input with people to provide meaningful feedback. A 'goal-setting and evaluation form' had been completed to record the feedback received and the action taken to remedy any areas identified for improvement. Areas identified for improvement included maintaining and using the grounds of the care home, improving opportunities for people to take part in activities and improving the quality of meals. However it was unclear from the evaluation form if any of the goals had been achieved.

A system of audits was in use which examined various aspects of the service provided. Audits were carried out on the environment of the home with checks on bathrooms and people's bedrooms. Some issues identified regarding the decoration of the home had been remedied although others required further work. We noticed an odorous area adjacent to a toilet near the main entrance and brought this to the attention of the acting manager who acknowledged that this required remedial work. A quarterly health and safety audit was also conducted. This checked on areas such as fire drills, training and fridge temperatures. The most recent audit in June 2016 had identified a number of areas for action. The acting manager described how a system was being introduced to provide a more detailed review of any accidents and incidents. However the medicines audit had failed to identify areas on the medicines administration record (MAR) where staff had not signed to indicate people had taken their medicines.

Staff demonstrated an awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People told us they thought the care home was well run and there were "no problems". A member of staff commented on how the home was run, describing it as "fine, it ticks along". We saw how the acting manager was available to people using the service and staff. Minutes of staff meetings demonstrated also that staff were kept informed about developments in the service.

The acting manager also described the vision and values of the service as continuing to improve and maintain the home. Consideration was being given to developing and increasing the use of a large outbuilding which was currently mainly used for office and storage space. The acting manager described the main challenge as keeping on top of the maintenance of fixtures and fittings in a large property.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had not notified the Commission of incidents which occurred whilst services were being provided in the carrying on of a regulated activity. This included the outcome of an application to deprive a service user of their liberty.</p>